Defense under Presidents Bush and Obama. I urge colleagues to oppose the Inhofe amendment, give this administration the tools it needs to keep America safe. Let us not second-guess them when it comes to safety and security for America's people. That is what the Inhofe amendment would do. That, in and of itself, would be a serious mistake.

FOOD SAFETY MODERNIZATION ACT

Mr. DURBIN. Mr. President, tomorrow, Chairman TOM HARKIN will lead the Health, Education, Labor, and Pensions Committee in the markup of a food safety bill, S. 510, the FDA Food Safety Modernization Act. I introduced this bill with Senator JUDD GREGG of New Hampshire and a broad coalition of Senators from both sides of the aisle. I thank those Senators—especially the late Senator Ted Kennedy, who joined as a cosponsor of the bill, and Senators DODD, BURR, ISAKSON, ALEXANDER, KLOBUCHAR, and CHAMBLISS—for joining me to fight for America's food safety. Since we introduced this bill, a number of other Members have signed on, including Senators HATCH, GILLIBRAND, TOM UDALL, and Senator BURRIS. We are pleased to have their support. There is bipartisan support for the FDA Food Safety Modernization Act because food safety is not a partisan issue. The safety of our food supply affects everybody every day.

As we learned from recent events, eating unsafe food—whether it is spinach contaminated with E. coli, peanut butter laced with salmonella or melamine-spiked candy—can lead to serious illness and death. Every year 76 million Americans suffer from preventable foodborne illness; 325,000 are hospitalized each year and 5,000 will die. Every 5 minutes, three people are rushed to the hospital because the food they ate made them sick. At the end of each day, 13 will die. The tragedy of these deaths is clear. We certainly recognize the anguish of loved ones who lose someone to food contamination. What is less understood are the long-term consequences for those who do survive. Victims are affected for months, sometimes years, after they leave the hospital.

Last week, the Center for Foodborne Illness, Research & Prevention released a report on the long-term health consequences of foodborne illness. The report shows it is often the lasting damage that causes more pain and suffering than the immediate effects felt right after eating contaminated food. That means that after the initial stomach aches and diarrhea have run their course, many foodborne illness victims will suffer from a lifetime of paralysis, kidney failure, seizures and mental disability and sometimes premature death. What is worse, children, pregnant women, and elderly Americans are among the most vulnerable.

I wish to show you a photo of this lovely young girl. Her name is Rylee. She knows the story of foodborne illness personally. On the morning of her ninth birthday, Rylee learned her family would celebrate by taking a road trip to an aquarium. Rylee couldn't have been more excited. Similar to many 9-year-olds, this cute little girl loved to sing and dance. On the morning of her birthday, she was doing both. Before the end of the day, Rylee was rushed to the hospital, where she was hospitalized for a month. Before she got to the aquarium, Rylee ate a salad. What she didn't know was the salad contained spinach that was laced with E. coli. The next day, Rylee had a stomach ache and severe diarrhea.

Her condition continued to worsen. Days later she was in excruciating pain. Her blood pressure was abnormally low. She was dehydrated, and her kidneys began to fail. As her parents watched in horror, Rylee began to hallucinate on the hospital bed. Rylee and her family were suffering more pain than they ever thought imaginable—all because Rylee had eaten a salad she thought was safe.

She escaped this incident with her life. But she, like millions of foodborne illness victims, will endure health complications indefinitely. She will need multiple kidney transplants over the course of her life. She had to endure a painful surgery and challenging speech therapy, so she can no longer sing or speak with a loud voice.

Rylee has not given up hope. She was recently walking the Halls of Congress advocating for food safety reform. I heard her share her story with hundreds of parents, victims, and other supporters of the Make Our Food Safe Coalition.

Although her voice is now permanently softer and lower than it was before her illness, we heard Rylee's message loudly and clearly: All Americans deserve food that is safe.

Mr. President, I would like to show you another photo I have in the Chamber. This is a picture of Mary Ann of Mendota, IL. She is 80 years old. Mary Ann is pictured with her young grandson. I shared her story with the HELP Committee just a few weeks ago.

Mary Ann was planning a big Labor Day family celebration, and she decided to make a spinach salad. She used spinach which she did not know was contaminated with E. coli.

Hours after eating the spinach, Mary Ann was sprawled across her bathroom floor—vomiting violently and experiencing uncontrollable diarrhea. Then her kidneys failed.

Instead of spending time with her family on that holiday, she spent it in the hospital, staying there for 6 weeks, receiving medical treatment intravenously. Thankfully, Mary Ann is alive, but the quality of her life is never going to be the same.

This country has a good system, and most of our food is safe. But there are far too many lives—such as Mary Ann's and Rylee's—that have been compromised by the long-term effects of foodborne illness.

Parsing the FDA Food Safety Modernization Act is an important step toward ensuring that the food we eat is safe and that we no longer hear these heartbreaking stories. This act will finally provide the FDA with the authority and resources it needs to prevent, detect, and respond to food safety problems.

The bill will increase the frequency of inspection at all food facilities, according to the risk they present. Because FDA does not currently have the resources or statutory mandate to inspect more frequently, most facilities are only inspected by the FDA about once every decade. The FDA Food Safety Modernization Act will require high-risk facilities to be inspected annually. Lower risk facilities would be inspected every 4 years.

The bill gives the FDA long-overdue authority to conduct mandatory recalls of contaminated food. Most people are stunned to know that the Federal Government does not have the authority to recall contaminated food. This bill will change that when it is signed into law.

Most companies cooperate with the FDA's recall efforts, but we have to make sure those who hesitate and are uncooperative are called into line.

Some—such as the Peanut Corporation of America, which distributed thousands of pounds of peanuts and peanut paste contaminated with salmonella—did not fully or quickly recall the food that was on the markets that made people sick. The food safety bill in HELP will change that by ensuring that the FDA can compel a company to recall food.

Experts agree that individual businesses are in the best position to identify and prevent food safety hazards. People who run these facilities know where the vulnerabilities are on their assembly lines, and they know which hazards the food products they work with are most at risk for. That is why the bill asks each business to identify the food safety hazards at each of its locations and then implement a plan that addresses the hazards.

The bill gives FDA the authority to review and evaluate those food safety hazard prevention plans and to hold companies accountable for not complying with the requirements of the plan.

Finally, the bill gives the FDA the authority to prevent contaminated food from other countries from entering the United States. Importers will have to verify the safety of foreign suppliers and imported food so we know the food we are bringing into our country is safe. If a foreign facility refuses U.S. food safety inspections, the FDA will then have the authority to deny entry to imports from that facility.

The FDA Food Safety Modernization Act employs these and other commonsense approaches to help the FDA do its job of ensuring the food we eat is safe. The bill is balanced, bipartisan, and it is supported by a broad coalition

of not just consumer advocates but the major business interests in food production and marketing.

I thank Chairman TOM HARKIN of Iowa and Senator MIKE ENZI of Wyoming for leading the markup of S. 510. I hope this bill will come to the Senate floor. I know my Republican colleagues who have joined me as cosponsors believe, as I do, this is a step in the right direction of ensuring the food supply in America is even safer.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. ALEXANDER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. ALEXANDER. Mr. President, would you kindly let me know when 9 minutes have expired in my remarks?

The ACTING PRESIDENT pro tempore. The Senator will be notified.

Mr. ALEXANDER. Thank you, Mr. President.

HEALTH CARE REFORM

Mr. ALEXANDER. Mr. President, not long ago, eight Democratic Senators wrote to the majority leader and said what all 40 Republican Senators have expressed and what most Americans—I think maybe 99 percent of Americans—would say we need to do. They said: Before we proceed to a vote on the health care bill that is so much in discussion across this country today, that we, No. 1, have a complete legislative text; that we, No. 2, have a complete estimate of its costs from the Congressional Budget Office; and, No. 3, it be on the Internet for 72 hours so the American people can read it—read the text, know what it costs, have time to consider both.

We are looking forward to that bill. What we know is, we have a 2,000-page bill that has been passed by the House of Representatives narrowly. The majority leader has had in his office a secret bill that he is working on which we have not seen yet.

This morning, I would like to talk about one of the reasons it is important we be able to read the text, know what it costs, and know how it affects each American. We have talked a lot about how the bills we have seen so far have the effect of raising insurance premiums, increasing taxes, cutting Medicare, and increasing the Federal debt, when what we are supposed to be doing is reducing the cost of health care for individuals and families and reducing the cost of health care to the government which is spiraling out of control in terms of deficit spending.

But all of that obscures an even more serious problem with the health care bills we have seen so far; that is, the effect on the States. As a former Governor of Tennessee, that is what I want to address for a few minutes this morning.

I picked up my newspaper in Nashville on Sunday morning, and here was the headline: ''[Governor] Bredesen Faces Painful Choices as [Tennessee] Begins Budget Triage.'' ''Triage''—that is a sort of talk usually reserved for an emergency room.

I have said several times—and some people, I am sure, thought I was being facetious—that any Senator who votes to expand Medicaid and transfer enormous costs to the States ought to be sentenced to go home and serve as Governor for 2 terms and try to implement the Medicaid Program, which is bankrupting States and ruining public higher education. I am not facetious when I say that because if we have a chance to read these bills and know what they cost, they have the potential to literally bankrupt States and ruin public higher education.

But do not take my word for it. Here is the Nashville Tennessean and the Knoxville News Sentinel writing about Governor Bredesen of Tennessee. Knoxnews.com reports: ''relentless bad news.'' Now, Tennessee is ''fiscally better off than many States.'' The ''shortfall is less severe than the Bredesen administration estimate[d].'' ''But there is no quarrel,'' according to the State's largest newspapers, that Tennessee's State government ''faces a grim situation''—''$750 million in cuts.'' Then things got worse because the money coming in this year is less than was expected. The Governor ''has told his department heads to present him with suggestions for budget cuts of 6 percent and to include contingency plans for adding another 3 percent.''

Those are real cuts. We talk about cuts in Washington. We talk about reducing the rate of growth. Those are not real cuts. In Tennessee and in California and in Illinois, and all across this country, cuts are cuts. You spend less this year than you did the year before.

''Layoffs . . . are likely, the Governor says.'' ''This will be my toughest budget year.''

Charles Sisk, writing in the Tennessean of November 16, says:

> Tennessee might release as many as 4,000 non-violent felons, possibly even including people convicted of drug dealing and robbery, under a plan outlined Monday by the Department of Correction to deal with the state's budget crisis.

The National Governors Association, in an analysis last week, points out a combination of the economic downturn—the deepest since the Great Depression—and the increase in State Medicaid—now, this is not Medicare for seniors we are talking about; this is the largest program for low-income Americans, 60 million Americans for which States pay about one-third of that cost, which the health care plans we have seen intend to dump about 14 million more Americans into—spending for those programs average 8 percent growth this year, while Governors such as Governor Bredesen are making actual cuts. Well, you can imagine what that is doing to other important State programs and tuition.

The Washington Post reported what the Office of the Actuary at the Centers for Medicare and Medicaid Services said over the weekend; which is, generally speaking, when we add more people to the Medicaid Program the doctors and the hospitals who are expected to serve them will not be willing to serve them. I will say more about that in a minute.

So how in the world, in the light of these conditions, could we even be thinking about a provision in this health care bill that would add tens of billions of new costs to the States? We decide in Washington that it is a great idea to expand health care, but we send the bill to the Governors and the legislators who are in their worst fiscal condition since the Great Depression.

That is called an unfunded mandate. If we think it is such a great idea to dump 14 million more Americans into a low-income program called Medicaid—for which 50 percent of doctors will not see new patients because they are so under-reimbursed—then we should pay for it somehow in the Federal budget instead of dumping the bill onto the States.

For Tennessee, the costs will be, according to Governor Bredesen, who is a Democrat and the cochairman of the National Governors Association health care caucus—he says this will cost our State $1.4 billion over the next 5 years.

This is real money. How much money? Well, based on my experience as Governor, I do not see how the State of Tennessee could afford to pay that without instituting a new State income tax or without doing serious damage to higher education in Tennessee or both. And I believe it is true of every State in America. The majority leader thought it was true of his State, so he fixed it for his State and three others, but for just 5 years. Then what happens after the 5 years? Well, you put the bridge out on the chasm a little further and you fall off as far or maybe farther than you already would.

Forty percent of physicians, according to a 2002 Medicare Payment Advisory Committee survey, restrict access for Medicaid patients. So we are saying here we have a great health care reform bill and not only is it going to bankrupt States but it doesn't do any favors for a great many low-income Americans, because we are putting them in a system where 40 percent of doctors won't see them freely, and 50 percent of doctors won't see new Medicaid patients at all. In some States, the number of doctors who will see babies, who will see children, is as low as 20 or 30 or 40 percent. So as a way of partially dealing with that, the House bill says, OK, States are going to be required to pay primary care doctors who see Medicaid patients as much as Medicare doctors are paid. That adds another big new bill to the State, runs up